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CASE OF CONGENITAL, OBLIQUE, INGUINAL HERNIA IN A FEMALE,
OR ENLARGED DIVERTICULUM OF NUCK.

BY DAVID W. CHEEVER, M.D., DEMONSTRATOR OF ANATOMY IN THE MEDICAL
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[Read before the Suffolk District Medical Society, February 27th, 1864, and communicated for the
Boston Medical and Surgical Journal.]

THE subject was a young mulatto woman, of average size and flesh. On removing the skin and superficial fascia of the left side, a pouch of peritoneum, about an inch long, and of the same diameter, protruded from the external abdominal ring. It adhered pretty firmly all round it. Being inverted before the finger, the latter easily penetrated the inguinal canal and internal ring. Around the latter it was found firmly adherent. On being laid open, it proved to be a peritoneal sac, communicating directly with the cavity of the peritoneum, with a piece of small intestine lying opposite the internal ring. It was directly continuous with the general peritoneal surface. Along its lower side ran the round ligament, which became confounded with, and ended in the blind sac. The uterus was a little tilted over by this round ligament. The other side was normal. The sac terminated in the labium. The abdomen bore the lines of pregnancy. The mouth of the os uteri was transverse rather than circular, and the uterus was a little enlarged.

This was evidently an unclosed peritoneal sac, which was contemporaneous with the formation of the round ligament. Nuck first pointed out a small production of peritoneum continued through the abdominal ring over the round ligament, and terminating in a blind extremity in the groin. He called it a diverticulum, and described it as about an inch in length, and by no means constant. Wrisberg, in 19 out of 200 female bodies, found an opening, leading through the ring into the groin or labium, lined by peritoneum, placed over the round ligament, and terminating by an obtuse extremity. These canals, in different instances, would admit a probe, a quill, or the finger. Cloquet made similar observations, and repre-

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sents that the membranous productions adhere closely to the round ligament, and that they are met with in women of all ages. Mr. Lawrence says it has not been ascertained that these diverticula become closed; nor have we reason to suppose that their presence favors the occurrence of ruptures.

It is hard to see how such a diverticulum as this, a full inch in diameter, and admitting easily the finger through both rings, could have failed to be accompanied by some portion of intestine. Nor is it easy to imagine how the uterus, thus tilted over, could have risen in pregnancy, unless the diverticulum was inverted in its ascent. The case is presented on account of its comparative rarity.

A CASE OF COMPOUND FRACTURE.

[Communicated for the Boston Medical and Surgical Journal.]

CAMP NEAR BRANDY STATION, VA., Feb. 17th, 1864.

OCTOBER 12th, about midnight, we were retreating across the Rappahannock, before Lee's Army. Corp. W., of Battery M, 5th U. S. Light Artillery, riding on the trail of a gun, had his left leg crushed between a stump and the trail. Half an hour afterwards I was called to see him, and found the following conditions present:—a compound, comminuted fracture of both tibia and fibula, commencing an inch above the ankle-joint, and extending upwards nearly three inches; the tibia protruded from the wound, and at least an inch of it was missing. There was great laceration of the soft parts, and the external wound was about an inch and a half in diameter. The anterior tibial artery, though exposed, escaped serious injury, as did other large vessels and nerves, which, considering the extensive injury of bone and muscle, was remarkable.

The case seemed to demand amputation; but as we halted but a short time, a rough fracture box was made, in which the leg was carefully placed, and the man put into an ambulance with an attendant beside him. He was ordered to have cold water dressings applied every fifteen minutes, day and night.

We resumed our march as soon as these arrangements were made, and moved till 11 o'clock the next night. During this time the patient took one grain of sulphate of morphia, in four doses. At daylight we marched on Centreville, reaching there at 2 in the afternoon. Patient took sulphate of morphia, gr. iss., during the twenty-four hours, and slept about six hours. Next day, at daybreak, we started for Chantilly, and passed over three miles of the most rocky road I ever saw ambulances travel on; in the afternoon we rested. Patient took sulphate of morphia, gr. ij., during the twenty-four hours. Next day sent patient to Fairfax Station, where he took cars, and arrived at Washington before night. The water dressings were continued from the time I first saw him, till he arrived in Washing-

ton, by an attendant detailed for the purpose. No amputation was performed; the case did well from the first, and the man will recover with about two inches shortening. Patient did not appear like a strong, healthy man, but possessed wonderful cheerfulness and endurance.

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A NEW METHOD OF TREATING DISEASE BY CONTROLLING THE
CIRCULATION OF THE BLOOD IN DIFFERENT
PARTS OF THE BODY.

By JOHN CHAPMAN, M.D., M.R.C.P.

It has long been known that the sympathetic nerve, called by Bichat the nervous system of organic life, presides over those processes by which the body is developed and sustained. It stimulates and controls the action of the heart, alimentary canal, genito-urinary organs, and all those processes of growth, repair, and removal of *effete* materials on which the continuous vitality and health of the animal organism depend. During recent years, important additions to our knowledge of the functions of the sympathetic nerve have been made, chiefly by Prof. Claude Bernard and Dr. Brown-Séquard, especially with reference to its power of controlling the action of bloodvessels, or what have been termed its vaso-motor functions. But as the sympathetic and cerebro-spinal nervous systems are intimately related, and, indeed, in some parts, inextricably and indistinguishably blended, both in structure and function, the nervous influence, whether healthy or not, which is exerted over the several organs of the body, is two-fold; hence, when that influence becomes abnormal, either in kind or degree, the most potent method of restoring it to its healthy condition would be by a dual action at once on the sympathetic and cerebro-spinal nervous systems. The physician who acquires the power of directly controlling these great controllers of the organic functions would immediately obtain the mastery over a large number of diseases. I scarcely dare write the words, "I have done this"—so momentous are they if true; and yet I believe I have.

I have discovered that a controlling power over the circulation of the blood in the brain, in the spinal cord, in the ganglia of the sympathetic nervous system, and, through the agency of these nervous centres, also in every other organ of the body, can be exercised by means of cold and heat applied to different parts of the back. In this manner the reflex excitability, or excito-motor power of the spinal cord, and the contractile force of the arteries in all parts of the body can be immediately modified.

In order to lessen the excito-motor power of the spinal cord only, I apply ice in an India-rubber bag about two inches wide along that part of the spinal column containing the part of the cord on which I

wish to act. On the same principle, the vitality of the spinal cord may be increased by applying hot water and ice alternately, each in an India-rubber bag, if very energetic action be required; if less vigorous action be necessary, I apply ice, or iced water only, using it several times a day, for a short time on each occasion, with a long interval between each application.

If it be desirable to increase the circulation in any given part of the body, this I have found myself able to effect by exerting a soothing, sedative, depressing or paralyzing influence (according to the amount of power required) over those ganglia of the sympathetic which send vaso-motor nerves to the part intended to be acted on. This influence may be exerted by applying ice to the central part of the back, over a width of from four to four and a half inches, and extending longitudinally over the particular segments of the sympathetic and of the spinal cord on which it is desired to act.

For example, intending to direct a fuller and more equable flow of blood to the brain, I apply ice to the back of the neck and between the scapulæ; increased circulation in and warmth of the upper extremities are induced in the same way; the thoracic and abdominal viscera can be influenced in like manner by applications to the dorsal and lumbar regions; while the legs and the coldest feet ever felt can have their circulation so increased that they become thoroughly warm by an ice-bag applied to the lower part of the back.

The bags I use are of different lengths: of the width already named for adults, and of lesser widths, of course, for children. I have had them made both of India-rubber, and of linen with a surface of India-rubber upon it: the former are the best. The width of the bags is equal throughout, except at the opening, which is narrowed to facilitate tying, and elastic to admit easily the lumps of ice. When the bag is full, I divide it, if a long one, into three segments; this can be done by constricting it forcibly with string; the ice of the upper part is thus prevented from descending, as the melting goes on, into the lower part of the bag. I am preparing a bag on a new principle, which will be a great improvement on those I now use; but as it is not yet complete, I abstain from describing it here. I sustain the bag in the position intended by means of ribbon or tape passed through loops at the back of it, then over the shoulders, and round the body.

Theoretically, I feel assured that by the methods I have described physicians will be able to control the great majority of diseases; experimentally, I have already received numerous and wonderful proofs that this assurance is well founded. By thus acting, by means of cold or heat, or both alternately or combined, on the spinal cord and ganglia of the sympathetic, I have succeeded in completely arresting the fits of many epileptics, and in curing the following maladies:—Paralysis; long-continued and extreme headaches; prolonged giddiness; extreme somnolence; a feeling of want of firmness in stand-

ing and of security in walking; habitual hallucinations; loss of memory; weakness and dimness of sight; ocular spectra; inequality of the pupils; lateral anæsthesia; uncontrollable spasmodic opening and shutting of the mouth; cramps of the limbs (in two cases of the hands, incapacitating the patients to continue their work); numbness of the fingers, incapacitating the patient to pick up small objects, or to use a needle; paralysis of the bladder; incapacity to retain the urine more than a few minutes (two cases recovered to a surprising extent); profuse and too frequent menstruation; scanty and irregular menstruation; extreme menstrual pains; profuse leucorrhœa, with long-continued bearing down of the womb, and extreme pain of the back; habitual constipation; habitual diarrhœa; general coldness of the surface of the body which has continued for many years; habitually and hitherto irremediably cold feet.

For the sake of brevity I abstain from discussing here the applicability of the method above described to the several diseases which the physician is called on to treat; but as many cases of paralysis and a very great majority of cases of epilepsy have hitherto proved incurable, I will in respect to these diseases, and especially in respect to epilepsy, make a few observations, and give the briefest outlines of a few cases, showing the results of my method of treating the last-named disease.

To cure paralysis primarily originating in a lesion, not of the brain, but of the spinal cord, it is necessary to exert a curative influence, not only over the spinal cord, but also over the sympathetic nervous system to the extent of the distribution of its vaso-motor nerves throughout the paralyzed limb; to how slight an extent this has hitherto been possible, either by internal medicines or external applications, is too well known to need description here. Assuming the general truthfulness of the doctrines of Messrs. Kussmaul and Tenner, Schroeder van der Kolk, and of Dr. Brown-Séquard, respecting the essential nature of epilepsy, or the proximate cause of convulsive affections generally, we must become still more deeply impressed with the conviction of the necessity of influencing both the cerebro-spinal and the sympathetic nervous system, in order to exert any lasting curative power over that remarkable group of maladies. In Messrs. Kussmaul and Tenner's general summary of the results of their investigations concerning the nature and origin of epileptic convulsions, they say:—"It is probable that certain forms of epilepsy result from a spasm of the muscular coats of the cerebral arteries," and elsewhere they observe that if so, "the central point from which these (spasms) arise would consequently lie in the part where the vaso-motory nerves take their origin, and, therefore, if the results of Schiff's researches be correct, in the medulla oblongata. An excitement of this nervous centre would then be the first link in the chain of these processes, anæmia of the brain the second, and the epileptic attack the third." Dr. Brown-Séquard, in his

"Researches on Epilepsy," after giving his reasons for thinking that "Epilepsy depends in a great measure on an increased reflex excitability of certain parts of the cerebro-spinal axis," proceeds to account for the successive phenomena of an epileptic attack, and, referring to one of the first of them—the paleness of the face—remarks, "We consider it a most interesting symptom, as it leads to a very probable explanation of the loss of consciousness in epilepsy. After Prof. Claude Bernard had discovered that the section of the cervical sympathetic nerve is followed by a dilatation of the bloodvessels of the face, I found that when this nerve is irritated by galvanism there is a contraction of these bloodvessels, and I explained the facts discovered by the eminent French physiologist and myself, by considering the sympathetic as the motor nerve of the bloodvessels of the face. I found, also, that the branches of the sympathetic nerve which animate the bloodvessels of the face, originate from the spinal cord with the branches of the same nerve going to the iris. When the excitation takes place in the spinal cord and the basis of the encephalon which gives rise to the fit, the nerve-fibres which go to the head are irritated, and produce a contraction of its bloodvessels. Of course this contraction expels the blood, and in consequence the face becomes pale. We think that at nearly the same time, when the origin of the branches of the sympathetic nerve going to the bloodvessels of the face receive an irritation in the beginning of a fit of epilepsy, the origin of the branches of the same and other nerves, going to the bloodvessels of the brain-proper, also receive an irritation. A contraction then occurs in these bloodvessels, and particularly in the small arteries. This contraction expelling the blood, the brain loses at once its functions, just as it does in a complete syncope."

Though Prof. Schroeder van der Kolk differs somewhat from Messrs. Kussmaul and Tenner, and Dr. Brown-Séquard, in maintaining that the abnormal changes constituting the proximate cause of epilepsy are more exclusively restricted to the medulla oblongata than is believed to be the case by those investigators, yet all these distinguished pathologists agree in recognizing the very important part performed by the vaso-motor nerves in producing an epileptic fit; and, though they differ as to the relative frequency of the cases in which the medulla oblongata is the primary seat of the attack, they also agree that it is very often the originating centre of the malady. It may therefore be stated that they all concur in the opinion that the proximate cause of epilepsy is twofold, viz.: an undue reflex excitability of the medulla oblongata, and an undue irritability of those branches of the sympathetic nerve which are distributed to the cerebral arteries, and which, in their abnormally excitable condition, induce spasmodic contractions of the cerebral bloodvessels, and the consequent loss of consciousness and fall, which usually usher in an epileptic fit. I agree with Dr. Brown-Séquard in believing that

different segments of the spinal cord, as well as the medulla oblongata, are not infrequently the primary seat of epilepsy; indeed, concerning the pathology of epilepsy, there is, so far as I know, only one point in which I differ from that profound physiologist and skillful physician, under whose guidance, at the Hospital for Diseases of the Nervous System, it has been my good fortune to study. It is true that that "one point" is an important one, since, by diverging in the direction I have taken, I was led by a logical process to conceive of the method of curing epilepsy, which, when months afterwards I was enabled to put it to the test of experiment, realized my sanguine expectations. For the sake of brevity, however, in this preliminary statement, I shall avoid discussing the point referred to. My immediate object in touching on the pathology of epilepsy at all at present, is merely to show that while, as I have said, "to cure paralysis primarily originating in a lesion, not of the brain, but of the spinal cord, it is necessary to exert a curative influence, not only over the spinal cord, but also over the sympathetic nervous system, to the extent of the distribution of its vaso-motor nerves throughout the paralyzed limb," so, in like manner, to cure epilepsy it is necessary to exert a curative influence not only over the spinal cord, including the medulla oblongata, but also over the sympathetic nervous system to the extent of the distribution of the vaso-motor nerves throughout the encephalon.

In treating paralysis according to the method above described, my first effort is directed to the spinal cord, which I endeavor to restore to a healthy condition by increasing or diminishing the circulation of blood in it. I effect either of these results by directly modifying its temperature. Moreover, as fibres from the ganglia of the sympathetic are distributed to the sheaths and bloodvessels of the spinal cord, it can be influenced by cold and heat not only directly, but indirectly by acting on those ganglia. The restorative power which I have been able to exert in this manner is truly surprising, and, I believe, quite unparalleled by any influence ever exerted by medicine.

If the paralyzed limb be cold, my next object is to increase the circulation in it; this I do, as already said, by lessening the vaso-motor power of those ganglia of the sympathetic which preside over the bloodvessels of the limb in question. In this manner I find that the circulation in it can be so increased as to make it even very unpleasantly hot.

The health of the spinal cord having been improved, and the circulation and consequent nourishment of the paralyzed limb having been adequately increased, I then, and not until then, apply galvanism to the paralyzed muscle, if this aid seems needful. When thus applied, after the cord and limb have been acted on as described, the affected muscles prove far more rapidly responsive to the galvanic stimulus than paralyzed muscles usually are, and recover their natural size

and strength with proportionate rapidity. But in fact such is the health-giving influence of the processes I have described, that the limb will generally recover its healthy condition without the use of galvanism at all.

The treatment thus described has reference to those forms of paralysis originating in a lesion of the spinal cord; but I have found myself able to exert a curative influence scarcely less potent even when the paralyzing lesion is within the skull, and certainly far more so than can be exerted by any internal remedy.

I could support these statements by several illustrative cases, but shall only venture to extend this paper by giving a few facts in evidence of the power over epilepsy which my method of treatment places within the reach of the physician.

In order to cure epilepsy care must of course be taken, in the first place, that all sources of eccentric irritation be removed; assured of this, as far as possible, I direct all my efforts to accomplish two objects—first, to lessen the excito-motor power of the spinal cord by lessening the amount of blood circulating in it; and, second, to prevent those spasmodic contractions of the cerebral arteries which induce the sudden loss of consciousness constituting the first phase of an epileptic fit. To achieve these objects, I order—

First, and most important, ice to be applied to some one part or to the whole length of the back, and from two to eighteen hours a day, according to the special character of the case under treatment.

Secondly, if the extremities be cold, to aid them in recovering their wonted warmth during the first day or two of treatment—by frequently immersing them in hot water, and by friction, also, in winter, by clothing the arms, down to the wrists, and the legs, down to the ankles, in flannel.

Thirdly, as auxiliaries (1) to take abundant physical exercise, and to use dumb-bells when practicable, or other special means of increasing the respiratory activity and of expanding the energy of the spinal cord; (2) so to cut or dress the hair that it shall not cover or keep warm the upper part of the back of the neck; (3) to exercise the brain daily and systematically in some healthy study, or, if this be impracticable, to ensure regular mental activity by means of some interesting employment; and (4) to take care that the dress along the centre of the back be light and cool.

If ice be properly applied to the back, the extremities, however cold, may be made quickly warm, so that in many cases the use of hot water may be wholly dispensed with; but in severe cases, where immediate derivation of blood to the extremities is urgently required, and more especially in winter, it is expedient to accelerate the influence of the ice applied to the sympathetic ganglia by the means just indicated.

The results of this method of treating epilepsy are exemplified in the following cases:—

Case 1.—A man, aged 42, began to have fits in 1854. During the twelve months previous to the beginning of my treatment (May 16) he had, on an average, three fits of about twenty minutes' duration daily; since I began to treat him he has not had a single fit.

Case 2.—A girl, aged 17, began to have fits when between 13 and 14 years old. Has been accustomed since that time to have two little fits (*le petit mal*) daily. I began to treat her February 24, 1863. These little fits immediately became less pronounced, then having gradually lessened in number ceased entirely at the end of the first week, and have never recurred.

Case 3.—A girl, aged 14. Has had fits, chiefly little ones, about six years. She becomes unconscious in each fit, but does not fall down. When I began to treat her (April 23, 1863) she was having fits at the rate of about four in each hour during the day, besides several each night. Each fit lasted from three to five minutes. The night fits ceased entirely in the middle of May, and the day fits, which now do not last above two or three seconds of time each fit, have declined at the following rates:—

Total number of fits during the week ending May 1	50
" " " " 8	65
" " " " 15	47
" " " " 22	37
" " " " 29	26
" " " " June 6	11
" " " " 12	10
" " " " 19	8
" " " " 26	5
" " " " July 3	6
" " " " 10	2

Note.—During the week ending May 8, the patient suffered much from toothache, and at length had two teeth drawn. Hence, I believe the fact that she had more fits that week than the previous one.

Case 4.—A girl, aged 20; suffers from falling fits of the ordinary kind, lasting about three minutes each, from little fits, which she calls her "jerks," and in which she becomes unconscious, but does not fall down, and from a frequent quivering of the lips, which is a serious impediment to speech. Of the falling fits she usually has a large, but uncounted number each month. In April last she had them continuously one after another throughout each day during a week. Of her little fits or "jerks" she usually had ten in each of the six days of her catamenial period, and one during each day of the interval. The quivering of the lips is a constant trouble. I began to treat her May 27: since that time she has had one falling fit, lasting about three minutes, and two lasting but an instant each; and since June 15, excepting one little "jerk," without losing consciousness, she has had no jerking fit, no quivering of the lips, and no abnormal symptom whatever.

Case 5.—A boy, aged 13. During the last twenty months has suffered from falling fits, and what his mother calls "stagnation fits,"

in which he becomes unconscious, but does not fall. On an average he had, until I began to treat him, about fifty of each kind of fit during each month. He came under my care June 4. Since that date he has had only one falling fit, which was induced by his brother, who made him angry, and has had no little fit whatever.

Case 6.—A boy, aged 14, in the habit of having an average of twelve fits daily, each preluded by a shriek. I began to treat him June 11. On that day he had four fits, but each of them without a shriek. Since that day he has not had a single fit.—*Medical Times and Gazette.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

DEC. 14th.—*Cystic Disease of the Ovum.*—Dr. JACKSON showed the specimen. The case occurred in the practice of Dr. George H. Gay, who sent the specimen, with the following history. The patient was married, 30 years of age, and the mother of two children. He was called to her about the sixth week of pregnancy; flowing had been going on for a few days, and continued, more or less, until labor, being sometimes considerable and during the last two days rather profuse. She also had had vomiting for four or five weeks, and this was an urgent symptom during the whole period of pregnancy. Labor occurred at the end of the third month of pregnancy, as nearly as she could estimate, and terminated in about five hours. The catamenia had been generally regular. About two quarts of the "hydatids" were discharged; and it was very remarkable to find the fœtus plump and perfectly well developed—its length, from the vertex to the soles of the feet, being about four inches, the lower extremities being straightened out. This condition of the fœtus was explained by the fact of a considerable portion of the chorion being perfectly healthy. The cord and amniotic cavity also appeared normal.

DEC. 14th.—*Malformed Heart.*—Dr. ELLIS showed the specimen, which came from a hospital patient, a man, 43 years old, who had had moderate dyspnoea as far back as he could remember. This had increased during the last eighteen months. For twelve years he had had some palpitation. During the last three months of life there was much œdema of the lower extremities, moderate ascites, increasing dyspnoea and palpitation, and dark, scanty urine, frequently voided, containing poorly-defined casts and blood corpuscles. There was no orthopnoea for four weeks before death. Respiration on entrance 32, and pulse about 152, very small, weak, uneven, irregular and intermittent.

The heart was large, measuring about seven inches from the origin of the pulmonary artery to the apex, and the same transversely through the auricles. All the cavities, except the left ventricle, were distended by liquid, or recently coagulated, blood. The right auricle extended in a conical form behind the left, gradually diminishing

until it terminated in a vessel about as large as the finger, which was probably attached to the left lung in the usual seat of a pulmonary vein; but as the malformation was not discovered until after the removal of the organ, there was some doubt as to the character and connection of this remarkable prolongation of the auricle. On replacing the heart, however, as accurately as possible, the above condition appeared probable. The elongated auricle projected in a remarkable manner beyond the ventricle, when distended with blood. There was no valvular disease. A small portion of the liver presented the appearance of cirrhosis; the other organs not remarkable.

Dr. JACKSON remarked that he had several times found in malformed fetuses two upper venæ cavæ; one upon the left side was formed by the jugular and subclavian veins, and entered a sort of appendage to the right auricle, which extended behind the heart and towards the left side. He had never met with this anomaly in the adult subject; but, as the vessel that was cut off from the extremity of the tunnel-shaped pouch in the present case was not particularly observed, he suggested that it may have been a second vena cava.

FEB. 8th.—*Glaucoma of both Eyes, with Pregnancy.*—Dr. BETHUNE reported the following case.

Jane N., 32 years old, wife of a working man, first applied to me for advice, Jan. 2d, 1864. Her health is generally good, but for the last six years she has been occasionally troubled with pain, and a tired feeling in the eyes after unusual fatigue. Is now four months pregnant with her fifth child.

The present attack commenced six weeks ago, in the right eye, with pain and redness. Five days afterwards the pain left the right and attacked the left eye, accompanied by throbbing, and the sight began to fail in both. Now, with the right she can see the window bars; with the left can see to go about.

On examination, pupils large, fixed. Eyeballs hard, especially the right. Anæsthesia of cornea. By ophthalmoscope, papillæ appear elevated, and as if a drop of somewhat turbid water nearly covered their surface. Iridectomy was advised immediately, but was declined, as was also paracentesis of the cornea. Local bleeding and cathartics with cold applications were then ordered, and she was not seen again till the 26th. The sight having failed since report, and as she could no longer distinguish objects or guide herself, she consented to the operation. She was admitted to the Infirmary, and the operation was performed, about one fourth of the iris being removed from each eye, by the superior incision. The operation was followed by relief from pain, which, however, returned in a degree five or six days afterwards, and was relieved after a leech applied to each temple. A few days after this she was discharged, but hitherto without improvement in vision.

Dr. BETHUNE said that in several cases he had observed a connection between glaucomatous symptoms and a change in the abdominal circulation. Within the last two years, two ladies of his acquaintance, after an operation for iridectomy, died of malignant disease of the abdomen. He had also observed a tendency to it at about the period of the cessation of menstruation. He did not recollect, however, that Graefe, who had done so much to increase our knowledge of the nature and treatment of glaucoma, had even alluded to its predispos-

ing causes. He thought this might be owing to his fixing his whole attention upon the eye itself, in that way diminishing to some extent the benefit which the world might derive from his great experience and admirable powers of observation.

Dr. WILLIAMS mentioned a case in which he had a short time previously performed iridectomy in both eyes, where the patient had for a long time suffered from progressive stricture of the œsophagus, which had prevented the proper nutrition of the body. Acute glaucoma came on in both eyes, at three days interval, with loss of vision, agonizing pain, and all the characteristic symptoms of the disease. The operation was urgently demanded on account of the intense suffering, although there was reason to fear that the life of the patient could not be much prolonged unless the general condition could be improved. Immediate relief from pain was afforded by the operation, and there was every prospect of complete restoration of vision, as the condition of the eyes improved at once. But the patient survived a few days only.

Dr. Williams agreed with Dr. Bethune as to the frequency of cases of glaucoma in women at or after the critical period. In a large number of patients he had found that a great majority were females; generally those who had passed the critical period, and, frequently, whose health had become impaired, or their nervous energies overtasked by watching and care in illness, domestic affliction, or other depressing causes.

FEB. 8th.—*Prolapse of the Bladder during Labor.*—Dr. FIFIELD said he had been called to a patient in labor, and found the os uteri dilated, but the head not yet descended into the cavity of the pelvis. A short time afterwards he was surprised to feel what seemed to be the distended membranes protruding from the vagina. A more careful examination enabled him to pass the finger beyond this tumor, and to reach the os, which was in the same state as before. He now passed a catheter into the urethra, and found that it entered freely into the tumor, which was the prolapsed bladder. It was carefully held up by the finger until the head had passed, and the labor was successfully terminated. On inquiry, he learned that the prolapse of the bladder had come on during pregnancy, and was considered by the patient to be "falling of the womb." In order to urinate she had been compelled to stand up and lean forward, the tumor being then replaced by the finger.

FEB. 22d.—*Dislocation of the Shoulder of long Duration; Reduction.*—Dr. HODGES reported the case.

A woman, aged 37, dislocated her right shoulder during a struggle, in which both arms were carried above her head and then forcibly pushed backwards. The head of the humerus was driven into the axilla, forward, beneath the coracoid process. This occurred Nov. 26th, 1863. Seventy-six days afterwards she entered the Mass. Gen. Hospital, and the first efforts at reduction were made. The method generally known as Mr. White's was adopted. The patient, being etherized, was seated on the floor. An assistant, standing in a chair by her side, extended the arm vertically. His stocking foot, placed on the top of the shoulder, fixed the scapula, and, with the weight of the patient's body, constituted a counter-extending force, whilst traction was made from the arm above the elbow. On bringing down the

arm reduction was accomplished at the first attempt. At the expiration of three weeks the patient was able to use the arm quite freely, and at no time was any tendency manifested to a relapse of the dislocation.

FEB. 22d.—*Treatment of Diphtheria by Ice.*—Dr. BORLAND said he had been requested by Dr. W. B. MORRIS, of Charlestown, to bring to the notice of the Society the subject of the treatment of diphtheria by ice, whereby, he firmly believed, this terribly destructive disease might be perfectly, or nearly controlled.

CASE I.—The first case to which Dr. M. was called was that of a little girl, 11 years old, in whom the disease was well established. He gave her brandy, beef soup, a solution of chlorate of potash, and guaiacum, alternately every hour. Having heard of the benefit derived from ice, he ordered lumps of it, enclosed in muslin bags, to be held all the time in the mouth. This patient was seen in consultation by Dr. MASON, who suggested the external, as well as internal, application of the remedy, by means of a bladder filled with pounded ice, wrapped in a napkin, and laid up against the throat. This was continued for seventy-two hours. The membranes, which were very thick, ceased forming after the beginning of the ice treatment, and were thrown off at its termination. The child is now well.

CASE II.—A child of a family where this treatment could not be followed out. The throat had been blistered, from ear to ear, by a physician who had previously seen her. This child died. Another had previously died in the same family with diphtheria, and a third person in the house died from the same malady afterwards.

CASE III.—The third case in the series occurred in the practice of a friend. No ice was used, and the child died.

CASE IV.—Dr. MORRIS was called to another patient, and found one child of the family already dead from diphtheria and laid out in the same room with the patient, who was failing rapidly, the throat being filled with the diphtheritic membrane. The ice treatment was commenced without delay, and the child recovered.

CASE V.—Dr. BICKFORD, who had seen the last patient, was sent for to go to Brattleboro', to see a child of the engineer of the Hoosac Tunnel. He found the disease well marked, and advised the ice treatment, which was adopted. The child improved so much on the second day, that the treatment was discontinued by the friends; but on the third day it was much worse. Dr. B. telegraphed to "go on with the ice, and stick to it." This was done, and the result was that the patient began again to improve, and is now well.

CASE VI.—In this case the ice was applied for three days, and the patient recovered.

CASES VII. and VIII.—These two cases occurred in the practice of Dr. BICKFORD. Dr. MORRIS had not the notes of them, but ice was applied, and both patients did well.

CASE IX.—This was a case in which ice was applied and the patient improved; but, as in the Brattleboro' case, the treatment was discontinued, and the symptoms immediately returned. The ice was re-applied, and again improvement set in, which terminated in recovery.

The plan of treatment was the same in all these cases. All of them were undoubted, and several of them were severe cases of the disease.

Bibliographical Notices.

A Manual on Extracting Teeth. Founded on the Anatomy of the parts involved in the Operation; the kinds and proper construction of the Instruments to be used; the Accidents liable to occur from the Operation, and the proper Remedies to retrieve such Accidents. By ABRAHAM ROBERTSON, D.D.S., M.D., Author of Prize Essay on Extracting Teeth, &c. Philadelphia: Lindsay and Blakiston. 12mo. Pp. 198.

THIS is a sound, practical manual, calculated to do much good in the special department of dentistry of which it treats. It is written in a truly scientific and professional spirit. The anatomy of the jaws and teeth is given quite in detail. The subject of toothache is treated of in a manner which forcibly illustrates the truth which is too much overlooked, that no man can be a reliable dentist who is not a thoroughly educated physician. From toothache the reader naturally passes to the one sovereign remedy, the cold steel; which, in its various tortuous and prehensile forms (so familiar and so dreadful to every one who takes the fatal seat in that high-backed chair, with its perpetual mockery of elaborate comfort), is most graphically and abundantly delineated. The various methods of using the same and the reasons therefor are so rationally given, that we should be quite willing to trust the extraction of our most tenacious molar to Dr. Robertson, should dire necessity bring it to such a fate. The various accidents which may occur in the process of extraction, and the methods of treating such emergencies, with a judicious chapter on Anæsthesia in Dentistry, conclude this little book, which is small enough to find a place in every physician's library; and to those of the profession who, from their isolated position, are obliged to practise the operation of which it mainly treats, will be a most valuable acquisition. It is profusely illustrated with good wood-cuts. Messrs. Ticknor & Fields have it for sale.

The Principles and Practice of Dental Surgery. By CHAPIN A. HARRIS, M.D., D.D.S., late President of the Baltimore College of Dental Surgery, Member of the American Medical Association, &c. &c. Eighth Edition, enlarged and revised, with three hundred and twenty illustrations. Philadelphia: Lindsay & Blakiston. 8vo. Pp. 869.

THIS is the first posthumous edition of the well-known work of Dr. Harris; and the publishers claim to have spared no pains to make it worthy of the reputation which previous editions had gained for its author. Numerous valuable additions have been introduced into the present edition by the contributions of Profs. Austen and Johnston, and Drs. Dwinelle and Maynard; the number of illustrations has also been largely increased. The plan of the author in this work seems to have been so fully carried out that we are ready to accept it without hesitation as "a thorough elementary treatise on Dental Medicine and Surgery, which might be a text-book for the student and a guide to the more inexperienced practitioner." The book is beautifully printed, and the illustrations are most excellent. A copious index makes a valuable conclusion to this handsome volume.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON: THURSDAY, MARCH 17, 1864.

COMMENCEMENT AT THE MASS. MEDICAL COLLEGE. — Commencement in the Medical Department of the University was this year an occasion of unusual interest. It had been announced that His Excellency the Governor of the Commonwealth was to deliver the address to the graduating class, and the large lecture room of the Medical College was in consequence filled with gentlemen of our profession and others eager to hear how a man, who in the exciting seasons of past peril had so filled us with his burning words of patriotism, and whose far-sighted counsels in the troubled affairs of our country have seemed almost prophetic, would address himself to a class of young men about to enter the ranks of a quiet and still little-understood profession. It was certainly a wise step on the part of the Faculty to thus vary the usual custom, and to select outside of their number or calling some person for the occasion, and all will agree with the Rev. President, who in his introductory remarks took occasion to allude to the eminent wisdom of their choice, and to eulogize "the man who by his sagacity had won the hearts of all loyal people."

It would be impossible to impart to our readers an adequate impression of the address of Governor Andrew, and we shall not attempt it. It will undoubtedly be published, and should be distributed widely among the friends of education. It was evidently the result of much thought, and was thoroughly vigorous and elevating. He spoke of the physician as the good citizen, and of his important services to humanity; of his patriotism in war, and alluded in terms of well deserved praise to Surgeon-General Dale and the gentlemen of the State Examining Board; and of those who had fallen on the field in the discharge of their humane duties, and paid a high tribute to the noble character of the late Dr. L. V. Bell. He dwelt at length upon the duties of all physicians as educators of the community, and upon the great influence they might exercise in elevating the taste and character of our people. He insisted upon the necessity of the cultivation of some other study besides medicine to give completeness to ourselves, and upon the importance of pursuing investigations in the natural sciences, by which the most important of all our faculties, that of observing, may be best developed. He concluded by presenting as an example to the young physician, in all its real loveliness, the bright record of the long life of "the Nestor of our profession."

The address was received with long-continued applause and three earnest cheers for Gov. Andrew. The dissertations read by members of the graduating class were generally of a highly praiseworthy character, and reflected great credit upon their instructors. The order of exercises is here given in full, and the list of members of the graduating class will be found on another page.

Prayer. By President Thomas Hill, D.D.

Dissertations, selected for public reading.

1. Bright's Disease. Benjamin Faneuil Dunkin Adams, Waltham.
2. Death. Willard Shepard Everett, Canton.
3. Anatomical Symmetry. Norton Folsom, Cambridge.

4. Criticism on the Nature of Tubercle—As treated of in "Wood's Theory and Practice of Medicine," and "Jones's and Sieveking's Pathological Anatomy." Edward Greeley Loring, Jr., Boston.
 5. Puerperal Peritonitis. John Allen Morse, Berwick, N. S.
 6. Our Native Materia Medica. Francis Minot Weld, Jamaica Plain.
- Conferring of Medical Degrees, by the President.
Address. By His Excellency John A. Andrew, LL.D., Governor.

THE NEGRO'S PLACE IN NATURE.—The following very interesting extract from *The Reader*, in relation to this important question, is from one of Prof. Huxley's Lectures on the Structure and Classification of the Mammalia, which he is now delivering at the Royal College of Surgeons.

The important question now remains—What is the value of the differences which have been shown to exist in the structure of human beings? This question resolves itself into two others. 1. Are these differences sufficient to justify us in supposing them to indicate distinct species of men? 2. Can any of the deviations be considered as transitional towards the lower forms of animals? In respect to the first, it is certain that well-defined types occur in different geographical localities, so distinct that any zoologist, taking a single example of each, without any other evidence, would probably pronounce them to be distinct species; but the fact that every intermediate form can be found between the most typical, and the absence of any proof of their infertility *inter se*, conclusively show that there is no sufficient ground for the doctrine of the diversity of species among men. As to the second question, it can be answered equally positively. Although in the lower races of men now upon earth, and in the skeleton found in the cavern in the Neanderthal, the human characters vary a little in some particulars in a pithecoïd direction, the extent of this variation is very slight indeed when compared with the whole difference which separates them; and it may be safely affirmed that there is at present no evidence of any transitional form or intermediate link between man and the next succeeding form in the vertebrate scale.

Professor Huxley concluded the lecture in the following words:—"Up to this moment, Mr. President and gentlemen, I have treated of this question of the differences between the various modifications of the human species as if it were a matter of pure science. But you must have felt, as I have felt, that there loomed behind this veil of abstract argumentation the shadow of the 'irrepressible negro' and of that great problem which is being fought out on the other side of the Atlantic. I have no desire, and, indeed, no right, to discuss the vast and difficult question of slavery here; but, to set myself free from the suspicion of unreasoning partisanship, I may be permitted to say this much; that I am unable to understand how any man of warm heart can fail to sympathize with the indomitable courage, the warlike skill, the self-denying persistence of the Southerner; while I can as little comprehend how any man of clear head can doubt that the South is playing a losing game, and that the North is justified in any expenditure of blood, or of money, which shall eradicate a system hopelessly inconsistent with the moral elevation, the political freedom, or the economical progress of the American people. As a man of science, however, my concern is not with the merits or demerits of slavery, but with the scientific arguments by which both sides have striven to support their cause.

"The fanatical abolitionists do not scruple to affirm that the negro is the equal of the white man—nay, some go so far as to tell us that the American stock would be the better for the infusion of a little black blood; while the milder sort maintain, at least, the indefinite modifiability of the negro, urge that he is capable of being improved into such equality or something like it, and therefore conclude that the attempt to improve him is a great duty. The two former propositions are so hopelessly absurd as to be unworthy of serious discussion. The third is fairly open to discussion; but anything like good evidence of its truth seems to me to be wanting; while, if it be true, the conclusion drawn from it is not indisputable. But I must freely admit that the aberrations from scientific fact, or fair speculation, on the anti-slavery side are as nothing compared with the preposterous ignorance, exaggeration, and misstatement in which the slave-holding interest indulges. I hold in my hand an address to a scientific body of this country which has recently been published, and has, I doubt not, been read by many as an authoritative expression of the results of scientific investigation; and you shall judge for yourselves whether it does or does not merit the stigma of public condemnation, which I think it my duty to take this opportunity of affixing to it:—

"The skeleton of the negro can never be placed upright. There is always a slight angle in the leg, a greater in the thigh bones, and still more in the body, until in some instances it curves backwards."

"The blood is vastly dissimilar—molecular movement within the discs differs in every respect, and, when tried with a solution of potash, the protrusions from the cell-walls take every intermediate form, reverting with great rapidity to the normal condition."

"The hair is very peculiar—three hairs, springing from different orifices, will unite into one."

"Many among you are histologists, and will appreciate the value and practical applicability of the tests of species described in the two last paragraphs I have cited. A male negro skeleton is before you, and all can see how far it is or is not capable of the erect posture: and yet the author of the address in question can write thus:—

"The above intelligent remarks, although they contain nothing new, are chiefly valuable from the fact that ladies in the Confederate States seem to be better informed on the subject than many men of science in this country"!!

"This quotation is from the preface; gems of a purer water are to be found in the body of the address:—'Vrolik has asserted that the pelvis of the male negro bears a great resemblance to that of the lower mammalia.'

"Vrolik was far too truthful a man and too good an anatomist to say anything of the kind. What he really says in speaking of the male negro is:—'The pelvis also presents many indications of the greater animality of the negroes;' and, further:—'Had this pelvis been taken from a wild beast, its substance could not have been denser, nor its bones stronger.'

"Again, the author of the address affirms that, in the negro, 'The *pia mater* contains brown spots, which are never found in the brain of a European.' This is in the teeth of M. Gubler's paper, published in the memoirs of the French Anthropological Society three years ago, and distinctly proving the existence of a similar coloration in Europeans of dark complexion. 'Not only,' says this writer, 'does the brain, enveloped in its membranes, present a bistre tint, but a layer of black matter, altogether comparable to that of the negro, covers the pons varolii, the medulla oblongata, and some other parts of the nervous centres.' What makes the matter worse is, that M. Gubler's paper is mentioned in a note of the address to which I refer, as if it confirmed, instead of diametrically contradicting, the statement in the text.

"Again, we are told—'The inferior molars sometimes present in the negro race five tubercles; and this anomaly is sporadically found in other races. It has been noticed in the European and the Esquimaux, but is affirmed by my friend Mr. Carter Blake to be more frequent in the negro and Australian than any other race.'

"Truly this is a notable discovery. We shall hear next that the scapula and the femur are 'more frequent in the negro and Australian than any other race.' In my previous lecture, when speaking of the dentition of man, I demonstrated to you the elementary fact, of which, up to this time, I did not imagine the merest

tyro could be ignorant, that the lower molars of man are always typically five tubercled; the hindermost alone, from its imperfect development, occasionally breaking the rule. A normal human lower jaw, with the first and second molar devoid of five tubercles, would be a rare and interesting anomaly.

"But the author of the address is far surpassed by an American writer, whom he quotes apparently with entire approbation.—'The negro,' says this wonderful 'Anthropologist,' 'is incapable of an erect and direct perpendicular posture. The general structure of his limbs, the form of the pelvis, the spine, the way the head is set on the shoulders—in short, the *tout ensemble* of the anatomical formation, forbid an erect position.'

"I need only refer you to the excellent cast of a negro in our museum to enable you to judge of the veraciousness of this statement. Nothing, indeed, can surpass its scandalous absurdity, except the reasoning by which it is supported. 'With the broad forehead and small cerebellum of the white man, it is perfectly obvious that the negro would no longer possess a centre of gravity'!

"This brief paragraph contains the most remarkable result of a modification of anatomical structure I have ever heard of. And the faculty for evolving nonsense displayed by its author will prepare you for my final citation, which I forbear to characterize, because the only appropriate phraseology would not be becoming for me to utter or you to hear. 'Thus, an anatomist, with the negro and ourang-outang before him, after a careful comparison, would say perhaps that Nature herself had been puzzled where to place them, and had finally compromised the matter by giving them an exactly equal inclination to the form and attitude of each other.' And this is put before the unsuspecting public, without comment or qualification, as the verdict of science touching 'The Negro's Place in Nature'!"

INFANTILE MORTALITY IN NEW YORK CITY.—From the elaborate statistical tables prepared by Dr. Cyrus Ramsay, Registrar of Records and Statistics for the City of New York, we learn that a steady improvement has been going on in that city for the past ten years, in regard to the mortality of children. This is shown in the fact that the number of deaths of children each year since 1851 has remained nearly the same or even smaller (except during the cholera year, 1854), while the population has rapidly increased, and during the time mentioned has actually doubled. The number of deaths of children under one year, as recorded by Dr. R., was as follows:—In 1851, 6891; in 1852, 6351; in 1853, 6661; in 1854, 7551; in 1855, 6771; in 1856, 6437; in 1857, 6405; in 1858, 7109; in 1859, 6599; in 1860, 6087; in 1861, 6189; in 1862, 5720; in 1863, 6118. The number of deaths of adults recorded in 1851 was 7,775; and in 1863, 10,596. The deaths of adults and children of all ages was, in 1851, 21,748; and in 1863, 25,196.

SYDENHAM ASSOCIATION, IN KENTUCKY.—The physicians of Oldham, Henry and Shelby Counties, Ky., have organized a Medical Association with the foregoing title, for mutual improvement and the advancement of the interests of the profession in that region. We have received a copy of the Bill of Prices adopted by the Sydenham Society and which the members pledge themselves to observe and carry out. The rates agreed upon are certainly very moderate, considering the times, and surely afford no temptation to any member to undercharge. Thus, for visit in village, \$1.00, 50 cents each additional mile out of town; office prescriptions, \$1.00; vaccination, 50 cents to \$1.00; services in attendance on variola, double rates; obstetrical attend-

ance, exclusive of visits, \$8.00; placental delivery, \$5.00; reducing simple fracture, \$5.00-10.00; compound fracture and first dressing, \$10.00-20.00; amputations, \$5.00-10.00.—*Cin. Lancet and Observer.*

MASSACHUSETTS MEDICAL COLLEGE.—The following gentlemen received their medical degrees from Harvard University on the 9th inst. :—

<i>Name and Residence.</i>	<i>Thesis.</i>
Adams, Benjamin Faneuil Dunkin, <i>Waltham,</i>	Bright's Disease.
Alger, Isaac Daniel, <i>Williston, Vt.</i>	Typhoid Fever.
Anderson, Alexander, <i>Pictou, N. S.</i>	Delirium Tremens.
Anderson, Walter Duncan, <i>Pictou, N. S.</i>	Prolapsus Uteri.
Allen, Charles Gilbert, <i>Barre,</i>	The Therapeutic Use of Opium.
Browne, William Andrews, <i>Boston,</i>	Stricture of Urethra.
Cahill, Timothy, <i>Nashua, N. H.</i>	Hygiene.
Dawson, Thomas, Jr., <i>Charlottesville, P. E. I.</i>	Hysteria.
Dearing, Henry Livingston, <i>Boston,</i>	Gun-shot Wounds.
Dudley, Henry Watson, <i>Gilmanton, N. H.</i>	Inflammation.
Evans, Calvin Eastman, <i>Island Pond, Vt.</i>	Gangrene of the Lungs.
Everett, Willard Shepard, <i>Canton,</i>	Death.
Folsom, Norton, <i>Cambridge,</i>	Anatomical Symmetry.
Hagerman, John Robert, <i>York Co., N. B.</i>	Poisonous Effects of Lead.
Larabee, George Herman, <i>Edgartown,</i>	The Blood.
Lombard, Josiah Stickney, <i>Boston,</i>	Nutrition.
Loring, Edward Greely, Jr. <i>Boston,</i>	Criticism on the Nature of Tubercle, as treated of in "Wood's Theory and Practice of Medicine," and "Jones' and Sieveking's Pathological Anatomy."
Lowe, Lewis Gould, <i>Bridgewater,</i>	Preparation and Sale of Dr ug.
Marcy, Henry Orlando, <i>Cambridge,</i>	Diabetes, Nature and Treatment.
McFatrige, Robert, <i>Halifax, N. S.</i>	Enteritis.
McSheehy, John James, <i>Boston,</i>	Typhus Fever.
Millar, Allan Henderson, <i>Port Dover, C. W.</i>	Intermittent Fever of Upper Canada.
Morse, Charles Hamilton, <i>Bridgetown, N. S.</i>	The Heart and its Circulation.
Morse, John Allen, <i>Berwick, N. S.</i>	Peritonitis.
Parker, Moses Greeley, <i>Dracut,</i>	Anatomy and Diseases of the Lachrymal Apparatus.
Quimby, Samuel Foster, <i>Salem,</i>	Semeiology, Prognosis, Pathology and Diagnosis of Dysentery.
Reynolds, Henry Augustus, <i>Bangor, Me.</i>	Dysentery.
Robbins, Nathaniel Alden, <i>Salem,</i>	Non-union after Fractures.
Roberts, Jerome Elmer, <i>Louisiana, Mo.</i>	Etiology.
Rogers, John Conway, <i>Pembroke, Me.</i>	Phthisis.
Rundlett, Howard Malcom, <i>Stratham, N. H.</i>	Cirrhosis.
Sanford, Arnold, <i>Newport, N. S.</i>	Corpus Luteum.
Smith, Alfred Corbit, <i>Bathurst, N. B.</i>	The Human Eye.
Vaughan, Hiram Chaney, <i>Farmington, Me.</i>	Diphtheria.
Weld, Francis Minot, <i>Jamaica Plain,</i>	Our Native Materia Medica.
Wheeler, Charles Kirkland, <i>Boston,</i>	Acute Inflammation in general, its Nature and Treatment.
Willard, Robert, <i>Boston,</i>	Treatment of Pneumonia.
Winslow, George Frederick, <i>New Bedford,</i>	Cause and Treatment of Hospital Gangrene.

D. HUMPHREYS STORER, M.D.,

Dean of the Medical Faculty.

Wednesday, March 16, 1864.

STUDENTS' PRIZES.—The following prizes have been awarded for the two best reports of cases read at the clinical conferences by students, during the winter term. To Mr. H. G. Miller, of Pawtucket, R. I., a

prize of thirty dollars; subject—A case of Cardiac Disease and Incipient Phthisis. To Mr. A. H. Johnson, of Boston, a prize of twenty dollars; subject—A Case of Anæmia.

PENNSYLVANIA HOSPITAL FOR THE INSANE.—At the date of the last report there were 285 patients in the institution; during the last year 193 have been admitted and 193 have been discharged or died, leaving 285 under care at the close of the year. The total number of patients in the hospital during the year was 478. The highest number at any one time was 296; the lowest was 268; and the average number under treatment was 282. Of the patients discharged during the year 1863, were—cured, 88; much improved, 14; improved, 33; stationary, 27; died, 31.

At the Annual Commencement of the Pennsylvania College of Dental Surgery, held in Philadelphia on the 26th ult., the graduates numbered 17. The valedictory address was delivered by Dr. Geo. T. Barker.

BAILLIERE BROS., importers and publishers of scientific books, have removed their establishment and the office of the *American Medical Times* to 520 Broadway, New York, opposite the St. Nicholas Hotel.

VITAL STATISTICS OF BOSTON.
FOR THE WEEK ENDING SATURDAY, MARCH 12th, 1864.
DEATHS.

	Males.	Females.	Total.
Deaths during the week	49	41	90
Ave. mortality of corresponding weeks for ten years, 1853—1863,	37.6	38.5	76.1
Average corrected to increased population	00	00	83.63
Death of persons above 90	0	0	0

Mortality from Prevaling Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumon.	Variola.	Dysentery.	Typ. Fever.	Diphtheria.
10	1	7	7	1	0	1	5

COMMUNICATIONS RECEIVED.—The Formation of Crystals of Phosphate of Lime and Magnesia upon the Intestinal Mucous Membrane.—Two cases of Inversion of the Uterus.

BOOKS RECEIVED.—The Ear: its Diseases and their Treatment. By Franz Adolph von Moschizsker, M.D. Philadelphia, Martin & Randall. Boston, Brewer & Tileston.—Transactions of the American Medical Association, vol. xiv., 1863.

DIED.—At Jamaica Plain, on the 13th inst., of ship fever, contracted in his devotion to the poor, Marcus T. Robinson, M.D., aged 50.—At Woburn, March 9th, of pneumonia, complicated with disease of the heart, Dr. Benjamin Cutter, aged 60 years 9 months 4 days.—In Oswego, N. Y., Franklin Everts, M.D., aged 36.

DEATHS IN BOSTON for the week ending Saturday noon, March 12th, 90. Males, 49—Females, 41.—Accident, 4—anaemia, 1—apoplexy, 1—disease of the brain, 2—inflammation of the brain, 2—bronchitis, 4—cancer, 3—consumption, 10—convulsions, 1—croup, 1—cystitis, 1—debility, 1—diphtheria, 5—dropsy, 1—dropsy of the brain, 3—epistaxis, 1—scarlet fever, 7—typhoid fever, 1—gastritis, 1—haemoptysis, 1—disease of the heart, 3—disease of the hip-joint, 1—infantile disease, 3—intemperance, 1—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 7—malformation, 1—marasmus, 1—measles, 1—old age, 1—paralysis, 1—peritonitis, 1—premature birth, 1—scalded, 1—scrofula, 1—smallpox, 1—disease of the stomach, 1—unknown, 8—inflammation of the uterus, 1—whooping cough, 1.

Under 5 years of age, 34—between 5 and 20 years, 6—between 20 and 40 years, 29—between 40 and 60 years, 11—above 60 years, 10. Born in the United States, 61—Ireland, 21—other places, 8.